

**DEPARTMENT OF SOCIAL SERVICES**

744 P Street, Sacramento, CA 95814



October 23, 1998

COUNTY FISCAL LETTER (CFL) NO. 98/99-43

TO: COUNTY WELFARE DIRECTORS  
COUNTY FISCAL OFFICERS  
COUNTY AUDITOR CONTROLLERS  
COUNTY PROBATION OFFICERS

SUBJECT: CASH ASSISTANCE PROGRAM FOR IMMIGRANTS PAYMENT  
OPTIONS – SURVEY FORM

The Cash Assistance Program for Immigrants (CAPI), which was established by AB 2779, Chapter 329, Statutes of 1998, allows counties to choose one of three options for issuing benefit checks effective December 1998:

- A. County issues benefit checks;
- B. County consortium issues benefit checks; or
- C. State issues benefit checks on behalf of county/county consortium

In order for the California Department of Social Services (CDSS) to process county assistance claims and track expenditures, each county is requested to complete the attached survey form identifying the option under which benefits are to be paid. Once an option has been selected, that option may not be changed without making prior arrangements with the CDSS Financial Services Bureau. For counties/consortia that will need cash advances, the form may also be used to provide an estimate of those needs.

The survey form must be completed, signed, and forwarded to the CDSS Financial Services Bureau by **November 6, 1998**. If the original cannot be sent by the due date, a copy can be faxed to (916) 654-1093. If a completed form is not received, CDSS will assume that benefit checks will be issued at the county level.

If you have any questions regarding this letter, please contact Didi Okamoto, Financial Services Bureau, at (916) 654-1626.

Sincerely,

**Original Document Signed By**  
**George E. Peacher, Jr. on 10/23/98**  
GEORGE E. PEACHER, JR., Chief  
Fiscal Systems and Accounting Branch

Attachment

c: CWDA

## CASH ASSISTANCE PROGRAM FOR IMMIGRANTS PAYMENT OPTIONS

Please complete the following information and send to:

California Department of Social Services  
Financial Services Bureau  
744 P Street, M.S. 13-72  
Sacramento, CA 95814  
Attention: Didi Okamoto

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COUNTY NAME: \_\_\_\_\_  
COUNTY CONSORTIUM NAME: \_\_\_\_\_  
CONTACT PERSON: \_\_\_\_\_  
CONTACT'S PHONE NUMBER: \_\_\_\_\_  
CONTACT'S FAX NUMBER: \_\_\_\_\_

**PLEASE CHECK ONE OF THE FOLLOWING OPTIONS:**

- A ☐ COUNTY ISSUES BENEFIT CHECKS  
B ☐ COUNTY CONSORTIUM ISSUES BENEFIT CHECKS  
NAME OF COUNTY CONSORTIUM \_\_\_\_\_  
C ☐ STATE ISSUES BENEFIT CHECKS
- .....

**COMPLETE IF CASH ADVANCE NEEDED:**

	Estimated Advance Needed	Period of Time Covered by Advance
<input type="checkbox"/> ASSISTANCE PAYMENTS (Options A & B Only)	\$ _____	_____
<input type="checkbox"/> ADMINISTRATIVE COSTS (Ongoing)	\$ _____	_____
<input type="checkbox"/> INITIAL START – UP COSTS	\$ _____	_____
 TOTAL ADVANCE REQUESTED	 \$ _____	

\_\_\_\_\_  
Signature of County Welfare Director

\_\_\_\_\_  
Date

NOTE: For counties electing to have the State issue benefit checks, this form must be completed and on file with CDSS by November 6, 1998 before payments can be made.